Name in Full

Certificate of Death

Lethia Barnes

Died at Town: Belvedere County: St Mary's MARYLAND

Date 189 ~~8~~ Month: September Day: 28 | Age Y. 48 M. — D. — | Native of Md | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | ~~Single~~ Married | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of

Father's Name: James Henry Barnes

Mother's Name:

Cause of Death — Primary: — — —

Name in Full

Certificate of Death

William Henry Bond -

Died at Town Loveville County St. Mary's MARYLAND

Date 1898 Month Sept. Day 14 | Age Y. 67 M. 11 D. 0 | Native of Md. | Occupation Farmer -

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Elizabeth Hall

Father's Name Henry Bond

Mother's Name Annie Ferguson

Cause of Death: Primary Fall from Cart 15-29 — How long sick 40 hours -

Immediate Cerebral Hemorrhage

Accident, ~~Suicide~~, ~~Homicide~~

Reported by L. B. Johnson, M.D.

Address Morganza.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66868

Name in Full James Clarke

Certificate of Death

Died at Town 7th district County St. Mary's MARYLAND

Date 189 5 Month 9 Day | Age Y. M. D. | Native of | Occupation

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living several

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by St. Mary's Enterprise Sept. 17

Address [redacted] Leonardtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full — Certificate of Death

Catharine Davis

Died at — Town: Compton — County: St. Mary's — MARYLAND

Date 1895 — Month: Sept. — Day: 20 — Age: Y. 52 M. 0 D. 16 — Native of: Md. — Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ Wife of Wellington S. Davis

Father's Name: C. Davis — Mother's Name: Anne Maria Payne

Cause of Death — Primary: Typhoid Fever — 1 — How long sick: 24 days

Immediate: Peritonitis — ~~Accident, Suicide, Homicide~~

Reported by: L. B. Johnson M.D.

Address: Mogansa, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Alfred M. Gardiner

Died at Town: Chaptico County: St. Mary's MARYLAND

Date 1895 Month: Sept. Day: 27 | Age Y. 80 M. D. | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 7

Husband ~~Wife~~ of Plumy Gyan 57

Father's Name Don't Know | Mother's Name Don't Know

Cause of Death: Primary Organic heart disease — How long sick Several years

Immediate Bronchial Catarrh — ~~Accident, Suicide, Homicide~~

Reported by Zach. R. Morgan

Address Mechanicsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full — Certificate of Death

Wilfred Gough

Died at Town: Oakville County: St. Mary's — MARYLAND

Date 189[illegible] Month: Sept. Day: 14 Age Y.: 48 M.: 3 D.: 10 Native of: Md Occupation: Farmer —

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living: 6

~~Wife~~ Husband of: Rebecca Hayden —

Father's Name: Wm Henry Gough Mother's Name: Lucinda Bean

Cause of Death — Primary: Pneumonia 72. How long sick: 16 days —

Immediate: Purulent Menengitis Accident, Suicide, Homicide

Reported by: L. B. Johnson M.D. H. H. Greenwell M.D.

Address: Morganza Leonardtown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66888

Name in Full

Certificate of Death

Dora Guy

Died at Town Clements County St. Mary's MARYLAND

Date 1898 Month Sept. Day 22 Age Y. 36 - M. 2 D. 8 Native of Md - Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~ 8

~~Husband~~ Wife of James Thomas Mattingly

Father's Name Thomas P. Guy Mother's Name Louise Winsatt

Cause of Death Primary Consumption 22a How long sick In bed 3 months -

Immediate Suffocation from loss of power to expectorate ~~Accident, Suicide, Homicide~~

Reported by L. B. Johnson

Address Morganza. Md.

Must be signed by physician, if any in attendance, otherw[illegible]y coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Amanda Perlee Hayden

Died at Town: Clements County: St. Mary's - MARYLAND

Date 1898 Month: Sept. Day: 17

~~Male~~ Female ~~Husband~~ ~~Wife~~

White ~~Colored~~

Age Y. 4 M. 6 D. 23

~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Native of Md.

Occupation ———

~~Number of children living~~

Father's Name James A. Hayden -

Mother's Name Catherine Johnson

Cause of Death: Primary Remittent Fever 19 days -

Immediate Menengitis

How long sick 28 days -

~~Accident, Suicide, Homicide~~

Reported by L. B. Johnson M.D.

Address Mechanicsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full — Lillian Kendrick — Certificate of Death

Died at — Town — County — St. Mary's — MARYLAND

Date 189[illegible] — Month 9 — Day 25 — Age Y. 21 M. 2 D. 5 — Native of — Occupation

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name: Henry A. Kendrick — Mother's Name: Lula V. Kendrick

Cause of Death — Primary — Immediate — 161 — How long sick

Accident, Suicide, Homicide

Reported by — St. Mary's Deacon Lenardtown

Address — 10-20

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05968

Name in Full — Certificate of Death

Mabel Estelle McGinnis

Town — County

Died at Bushwood St. Mary's — MARYLAND

Month	Day		Y.	M.	D.	Native of	Occupation
Sept.	21	Age	1	4	24	Washington	D.C.

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: H. S. McGinnis — Mother's Name: Emma B. Waldsaur

Cause of Death — Primary: Malarial fever — How long sick: 2 months

Immediate:

~~Accident Suicide Homicide~~

19

Reported by: A. C. Welch. Undertaker

Address: Chaptico St. Mary's Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full

Certificate of Death

Ella Penn

Town

Died at Mechanicsville

County

St. Mary's Co. MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	Sept.	13		22			St. Mary's Co.	General Housework

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Saml Penn

Mother's Name Elizabeth Penn

Cause of Death: Primary — Typhoid Fever

How long sick: 14 weeks

Immediate — Intestinal Hemorrhage

~~Accident, Suicide, Homicide~~

Reported by Zach. R. Morgan

Address Mechanicsville, St. Mary's Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6[illegible]

Name in Full Raymond Suade

Certificate of Death

Died at Town Oakley County St Marys Co MARYLAND

Date 189 8 Month Sep Day 22 Age Y. 2 M. 6 D. Native of Md Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ Single Widowed ~~Widower~~ ~~Divorced~~ ~~Number of children living~~ B

Husband of Wife

Father's Name John Suade Mother's Name Mary

Cause of Death { Primary Diphtheria & a How long sick 10 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by Allen B. Dent M D.

Address Oakley

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full

Certificate of Death

Kalia. O. Railey.

Town

County

Died at Hollywood St Marys MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 189 8	Sept	14	Age	18	6	15	Md	Housekeeper

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: G. Lloyd. Railey

Mother's Name: Malilda Mattingley

Cause of Death — Primary: Typhoid fever 1 — How long sick: 16 days

Immediate: Intestinal Hemorrhage — ~~Accident, Suicide, Homicide~~

Reported by: J. O. King M.D.

Address: Dodsville. St Marys Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Certificate of Death

May Readmond

Town: Trent Hall (near) County: St. Mary's MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1898	Sept:	20	Age 4			St. Mary's Co.	

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Leonard Sota Readmond

Mother's Name: Sallie Readmond

Cause of Death: Primary: Membranous Croup

Immediate: Suffocation g.t

How long sick: 4 days

~~Accident, Suicide, Homicide~~

Reported by: Zach R. Morgan M.D.

Address: Mechanicsville, St. Mary's Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968